

JUN 17 2004

VIA FACSIMILE: 703/872-9306

Atty. Docket No. 201-0699 (FOR25 P-354)

OFFICIAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3661
Examiner : Olga Hernandez
Applicant : Erik Coelingh et al.
Appln. No. : 10/063,953
Filing Date : May 29, 2002
Confirmation No. : 2370
For : COMPLETE VEHICLE CONTROL

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

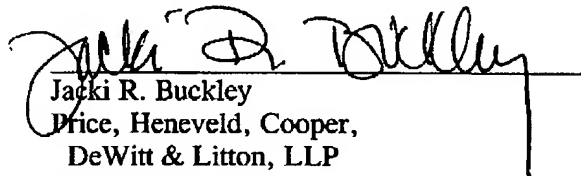
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

1. Claims Amended Form (2 pages); and
2. Amendment Under §1.312 (17 pages).

YOU SHOULD RECEIVE A TOTAL OF 20 PAGES

June 17, 2004
Date


Jacki R. Buckley
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Applicants : Erik Coelingh et al.
Appln. No. : 10/063,953
Page : 2

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☒ No additional fee is required.
3. ☐ A check in the amount of \$_____ is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON, LLP

6/17/06
Date

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Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 22	Minus	** 22	= 0	x \$9	\$	x \$ 18	\$ 0
Independent Claims	* 12	Minus	*** 12	= 0	x \$43	\$	x \$ 86	\$ 0
First Presentation of Multiple Dependent Claims \$145						\$	x \$290	\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$ 0